FORM D



03039161

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

	OMB APPROVAL					
OMB Number: 3235-007						
į	Expires:	May 31, 2005				
į	Estimated average burden hours per response16.00					

SEC USE ONLY						
Prefix		Serial				
DATE RECEIVED						

SECTION 4(0), MIDION	
UNIFORM LIMITED OFFERING EXEM	PTION
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Second Round Financing	, six / Prop
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	NOV 2 4 2003
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Platypus Technologies, LLC	181/49
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
505 South Rosa Road, Suite 150, Madison, WI 53719	608-441-2777
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same	Telephone Number (Including Area Code)
Brief Description of Business Commercialize patented discoveries based upon research i scale materials for use in the life sciences.	n the development of nano
	please specify): PROCESSEI ad liability company
Actual or Estimated Date of Incorporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: O Q O O Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	mated THOMSON FINANCIAL
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or hear typed or printed signatures.	ly signed. Any copies not manually signed must be

Filing Fee: There is no federal filing fee.

not be filed with the SEC.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9



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2. Enter the information requested for the following:	,	
• Each promoter of the issuer, if the issuer has been organized within the past five years;	•	•
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of	of, 10% or more of	f a class of equity securities of the issuer.
Each executive officer and director of corporate issuers and of corporate general and management.	aging partners of	partnership issuers; and
Each general and managing partner of partnership issuers.		
Check Box(es) that Apply: Promoter X Beneficial Owner X Executive Officer	∑ Director	General and/or
	M Director	Managing Partner
Israel, Barbara A. PhD. Full Name (Last name first, if individual)		············
503 Viking Road, Mt. Horeb, WI 53572		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Dustiness of Residence Address (Number and offset, City, State, Elp Code)		
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer	X Director	General and/or
Abbott, Nicholas L. PhD.	2	Managing Partner
Full Name (Last name first, if individual)		
,		
2120 Jefferson Street, Madison, WI 53711 Business or Residence Address (Number and Street, City, State, Zip Code)		
(,,,,,,, .		
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer	X Director	General and/or
		Managing Partner
Murphy, Christopher DVM, PhD. Full Name (Last name first, if individual)		
1509 Wood Lane, Madison, WI 53705		
Business or Residence Address (Number and Street, City, State, Zip Code)	***	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	X Director	General and/or
Dewey, Walter E.		Managing Partner
Full Name (Last name first, if individual)		
7554 Red Fox Trail, Madison, WI 53717		
Business or Residence Address (Number and Street, City, State, Zip Code)	······································	·
Check Box(es) that Apply: Promoter \(\overline{\mathbb{N}} \) Beneficial Owner \(\overline{\mathbb{D}} \) Executive Officer	Director	General and/or
NEI I, LLC		Managing Partner
Full Name (Last name first, if individual)		
N3 W23650 Badinger Road, Waukesha, WI 53188		
Business or Residence Address (Number and Street, City, State, Zip Code)		
<u></u>	 	
Check Box(es) that Apply: Promoter A Beneficial Owner Executive Officer	Director	General and/or
Wisconsin Alumni Research Foundation		Managing Partner
Full Name (Last name first, if individual)		
614 Walnut Street, Madison, WI 53705		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
The Regents of the University of California		
Full Name (Last name first, if individual)		a
Office of the President and Technology Transfer, 111	I Frankli	n Street, 5th Fl.
Business or Residence Address (Number and Street, City, State, Zip Code) Oak	cland, CA	94607-5200

					В. 19	VFORMAT	ON ABOU	i oeferi	NG				1.1
1.	Has the	issuer sold	l. or does th	ne issuer ir	ntend to sel	I. to non-a	ccredited in	nvestors in	this offeri	ng?		Yes	No X
	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							L.					
2.	What is	the minim	um investm	ent that w	ill be acce	pted from a	ny individ	ual?	,,,,,			\$ <u>33,000</u>	
3.	Does the	offering :	permit joint	ownerchi	n of a sing	le unit?			•			Yes	No
3. 4.													
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Ful	Full Name (Last name first, if individual) N/A												
Bus	siness or l	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)					· · · · · · · · · · · · · · · · · · ·	
Nar	ne of Ass	ociated Br	oker or Dea	aler			_						
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers			·····		 	
	(Check '	'All States	" or check	individual	States)	•••••••	•••••••	······				All States	
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	[N]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Ful	l Name (I	ast name											
_	Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)												
Bus	siness or	Residence	Address (N	number an	d Street, C	ity, State, 2	Lip Code)						
Nar	ne of Ass	ociated Br	oker or Dea	aler				,				· · · · · · · · · · · · · · · · · · ·	
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	'All States	" or check	individual	States)		••••••					☐ All	1 States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (I	Last name	first, if indi	vidual)					<u> </u>	· · · · · ·			
Bus	siness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)								States					
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check		
	this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.		A
	Type of Security	Aggregate Offering Price	Amount Aiready Sold
	Debt	\$	\$
	Equity	\$1,056,000	\$1,056,000
	Common T Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		\$
	Other (Specify)	\$	
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	3	\$1,056,000
	Non-accredited Investors	0	\$ <u>0</u>
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees] \$
	Printing and Engraving Costs		\$
	Legal Fees	······ 🔯	\$ 16,000
	Accounting Fees] \$
	Engineering Fees] \$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	-] \$
	Total		1 \$

	b. Enter the difference between the aggregate of and total expenses furnished in response to Part C proceeds to the issuer."	- Question 4.a. This difference is the "adjust	ed gross	\$_1,040,000
5.	Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for check the box to the left of the estimate. The total proceeds to the issuer set forth in response to P	any purpose is not known, furnish an estim of the payments listed must equal the adjuste	ate and	
			Payments to Officers, Directors, & Affiliates	
	Salaries and fees		\$	[]\$
	Purchase of real estate		\$	\$
	Purchase, rental or leasing and installation of mand equipment	\$	[] \$	
	Construction or leasing of plant buildings and f	acilities	\$	🗆 \$
	Acquisition of other businesses (including the voffering that may be used in exchange for the a issuer pursuant to a merger)	ssets or securities of another	\$	[]\$
	Repayment of indebtedness			\$
	Working capital		\$	<u>k</u> \$1,040,00
	Other (specify):			
			 [] \$	\$
	Column Totals		\$	\$
	Total Payments Listed (column totals added)		1,040,000	
14		D. FEDERAL SIGNATURE		The state of the s
sig	e issuer has duly caused this notice to be signed by t nature constitutes an undertaking by the issuer to information furnished by the issuer to any non-a	furnish to the U.S. Securities and Exchange	Commission, upon wri	
Iss	uer (Print or Type)	Signature	Date	
I	Platypus Technologies, LLC	Turboun A. Bruce	Novemb	er 18, 2003
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		
1	Barbara A. Israel, PhD.	Vice President		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)